PRESCRIBING NURS BULLETIN

NATIONAL PRESCRIBING CENTRE

Signposts for prescribing nurses - general principles of good prescribing

Good prescribing is not easy. This bulletin has been written to try and help prescribing nurses by providing some signposts to aid their decision making. Seven principles of good prescribing are outlined, with sources of further help and information described.

Seven principles of good prescribing

Writing a prescription starts a process which will have an impact on the patient, the prescriber and the NHS. As this process is often complex, it is important to consider all relevant factors before deciding to prescribe. Models such as the *prescribing pyramid* (**see figure 1**) may help nurses to prescribe appropriately.

1. Examine the holistic needs of the patient

The patient's medical and social history should be taken before prescribing. A thorough needs assessment may show that non-drug therapy is indicated instead of, or perhaps complementary to, a prescription. The mnemonic **2-WHAM** used in pharmacies for recommending over-the-counter (OTC) therapies may also help:[1]

W - **W**ho is it for?
W - **W**hat are the symptoms?
H - **H**ow long have the symptoms been present?
A - any **A**ction taken so far?
M - any other **M**edication?

Seven principles of good prescribing
. . . . a step wise approach.

1. Examine the holistic needs of the patient. Is a prescription necessary?
2. Consider the appropriate strategy
3. Consider the choice of product
4. Negotiate a 'contract' and achieve concordance with the patient
5. Review the patient on a regular basis
6. Ensure record keeping is both accurate and up to date
7. Reflect on your prescribing

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When taking the drug history, reference should be made to any OTC and alternative therapies being taken (such as herbal or homeopathic remedies). Patients may not always volunteer this information freely. It is also important that any drug allergies are identified and recorded in the patient's notes.

2. Consider the appropriate strategy

When a patient presents, it is important to bear in mind that other treatment options should be considered before writing a prescription. Some questions to consider include:

- is the diagnosis established?
- is a GP referral indicated?
- is a prescription needed at all?
- is patient expectation a factor?[2]

A prescription should only be given where there is a genuine need. It should also be remembered that patients may wish to receive a prescription for reasons other than to gain treatment for their complaint, for example:

- to legitimise the sick role
- to gain attention
- a friend has recommended it
- to get a prescription for a family member or friend.

3. Consider the choice of product

When considering which product to prescribe, the following issues should be explored. The use of the mnemonic **EASE** may help:

E- how **E**ffective is the product?
A- is it **A**ppropriate for this patient?
S- how **S**afe is it?
E- is the prescription cost-**E**ffective?

How effective is this product?

To help ensure that the most appropriate prescription item is selected, the prescribing nurse needs to be familiar with the full range of items on the Nurse Prescribers' Formulary (NPF). Every new addition of the NPF should be checked for changes. To assess how effective the product is, the available evidence should be critically appraised. Examples of information sources for developing critical appraisal skills are given in the **further reading box on page 4**.

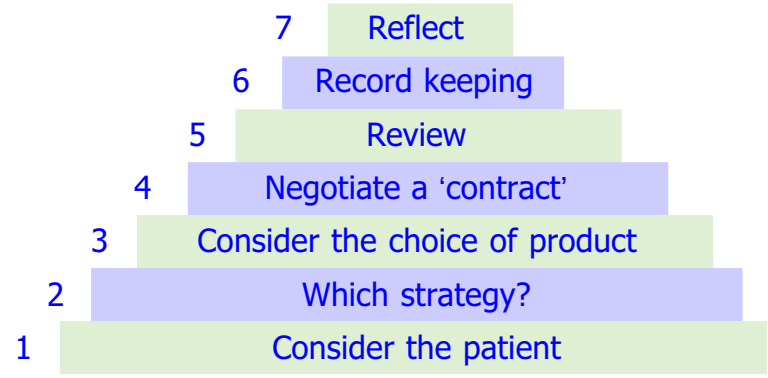


Figure 1. The prescribing pyramid. Each step should be considered carefully before the next is approached.

Appropriateness of treatment

Some drugs are contra-indicated in certain patients; for example, aspirin should be avoided in those with current or previous peptic ulcer disease. The patient medication history may also reveal potential drug interactions that may have serious consequences; for example, concurrent use of warfarin and aspirin may lead to an increased risk of bleeding.[3]

In addition to choosing a product that is appropriate to the patient, the **dose**, **formulation** and the **duration** of treatment should be tailored to the individual. **The duration of a nurse prescriber's prescription should generally provide treatment for no more than one calender month**.[4] In many cases a much shorter duration will be indicated.

Particular caution is necessary when prescribing for certain patient groups. Those at the extremes of age, or with renal or hepatic problems, may not metabolise and excrete drugs in the way a young or healthy adult does. As a result, drug clearance from the body may be affected and the risk of toxicity may be higher.[5] As certain drugs may be harmful to the foetus or are excreted in breastmilk, special caution should be taken when prescribing in pregnant or breast-feeding women. Local community pharmacists or drug information centres may offer useful advice, particularly in these cases.

Safety issues

All drugs are associated with a certain risk of causing side effects or adverse drug reactions (ADRs). ADRs account for 5% of all hospital admissions and are associated with significant morbidity and mortality risks.[6] **For any given therapeutic intervention, the potential benefits of the treatment must always be balanced against safety concerns**.

The prescribing nurse should be familiar with the common ADRs associated with the treatments they are prescribing. A simple guide to avoiding ADRs is shown in **figure 2**.

If an ADR is suspected, the patient's GP should be contacted immediately to decide on a course of action, e.g. stop the drug, reduce the dose or treat the side effect. After discussion, the GP may report the ADR via the Yellow Card Scheme to the **Committee on Safety of Medicines** (**CSM**)/**Medicines Control Agency** (**MCA**). As ADRs appear to be under reported,[7] it is critically important that such events are detected and reported in order to ensure patient safety. The Yellow Card Scheme also acts as an early warning system for the identification of unrecognised ADRs.

If an appliance or dressing is involved in an adverse incident, then the report should be sent to the **Medical Devices Agency** (**MDA**). The MDA accept reports from patients and carers as well as health professionals. An explanatory document concerning the reporting of adverse incidents, *Safety Notice*

MDA SN 9901, is available free of charge from the MDA. Adverse incidents should be reported to:

MDA Adverse Incident Centre
Hannibal House
Elephant and Castle
London, SE1 6TQ
Tel: 0171 972 8080.

Cost-effective prescribing

Prescriptions cost the NHS around £18 million every day.[8] Consideration of costs is essential to make optimum use of the NHS budget, albeit after the proper duty of care owed to the patient. Nurse prescribers should, therefore, be aware of the relative costs of treatments.

Many items in the NPF can be bought over-the-counter (OTC) from pharmacies for less than the prescription charge. Sometimes, it may be more appropriate to recommend that a patient who is liable to pay prescription charges buys a product OTC rather than having it prescribed. However, it is important to recognise that not all patients will purchase the recommended treatment. An annual list of products that are cheaper OTC is available from:

Dept DTB,
Consumers Association,
Castlemead, Gascoyne Way,
Hertford X, SG14 1SH
Tel 01992 822800
(please quote ref. **OTC98**)

Prescribing a drug by its generic name, as specified in the NPF, is recognised as good prescribing practice and has led to major cost savings.[9] **Nurses must use the generic name when prescribing, except in the case of dressings and appliances**.[4]

4. Negotiating a contract

A prescribing decision may be viewed as a shared contract between patient and prescriber. **This shared decision making is known as concordance**.[10] It replaces the term compliance, which may be seen as a negative concept where the patient simply complies with the prescriber's instructions. Non-compliance with the prescriber's instructions is very common even in life threatening conditions.[11]

The patient has a central role in the decision making process. Effective communication is an essential part of good practice, as discussed in the UKCC document, *Guidelines for Professional Practice*.[12] This includes the need to make sure the patient understands the information given.[12] In the case of prescribing, the patient needs to understand:

- what the prescription is for
- how long it takes to work
- how to take the drug
- how long to take the drug for
- at what dose to take it, and
- the possible side effects.

Evidence-based healthcare implies that the best evidence has been evaluated, considered and communicated effectively to the patient to enable an informed treatment decision to be made.[13] This helps ensure that potential problems are talked through before medication is prescribed. The need to follow the instructions on the label should also be stressed, and reference made to the patient information leaflet that may be dispensed with the product. Reference books, such as the British Medical Association's *Guide to Medicines and Drugs*,[14] may also be helpful in illustrating explanations.

5. Reviewing the patient

Regular review of the patient will establish whether the treatment prescribed is effective, safe and acceptable. Patients should be reassessed at least every six months, with no more than six repeat prescriptions given without review.[4] Repeat prescribing without proper review may be wasteful, inefficient and even potentially dangerous in some cases.[15] Patients should also be made aware of who to contact if they have any problems with their medication.

6. Keeping records

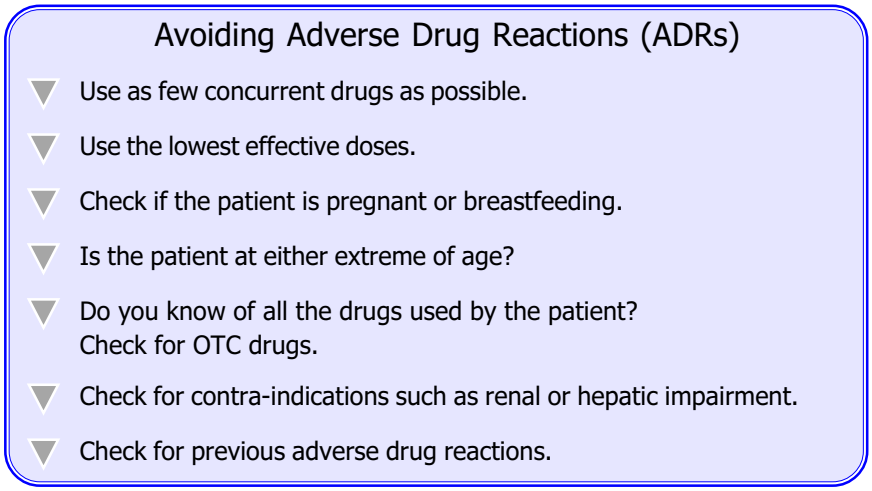
The UKCC *Guidelines for Records and Recordkeeping* emphasise the standards required for record keeping.[16] All nurses have a professional responsibility to keep accurate and up to date records. **Good record keeping and effective communication channels are imperative.**

Details of any nurse prescription should be entered into the nurse's patient records immediately.[4] It is also important that any explanation given is also recorded in the nursing notes. Arrangements should be made for the GP record to be amended as soon as practically possible, as per local policy.[4] In the case of children where the parent holds the child health record, the prescription details can also be recorded here.

7. Reflecting on your prescribing

As stated in the UKCC *Code of Professional Conduct*, it is essential for nurses to maintain and improve their professional knowledge and competence.[17]

Figure 2. A guide to avoiding adverse drug reactions.



Reviewing and reflecting on prescribing decisions will help nurses to improve their prescribing knowledge and practice.

The ENB *Nurse Prescribing Open Learning Pack* suggests ways in which nurses can monitor their prescribing.[18] **Prescribing Analysis and CosT (PACT)** data can allow comparison of an individual's prescribing with the local average, or with that of other prescribing nurses. It can also allow nurses to see how well their prescribing adheres to local formularies. A local GP or prescribing adviser may be able to advise nurses on how to interpret this information.

Influences on prescribing

It is important that prescribing nurses are aware of the potential influences on their prescribing. These may include:

- patient expectation and knowledge
- drug company promotional activities (e.g. advertising and representative visits)
- hospital prescribing patterns and policies ('hospital-led prescribing')
- nursing colleagues' attitudes and opinions
- the relevant GP's policies
- local formularies, national and local guidelines.

One of the biggest influences on prescribing are the activities of the pharmaceutical industry. Many years (and millions of pounds) are spent researching and developing drugs, so understandably, manufacturers are keen to market their products once they are licensed. Advertisements, direct mailing and representative visits are all used in an attempt to raise awareness of their products. In 1997 alone, the pharmaceutical industry spent approximately £570 million on drug promotion.[19] **Nurses should carefully evaluate and question any claims made by manufacturers to ensure that they are based on good quality evidence**.

In recent years, patients' knowledge of medical problems has increased, along with their expectations. However in practice, it may be difficult to resist patient pressure to prescribe. Despite these influences there should always be a valid reason for prescribing a particular product.

Conclusion

From the issues raised in this bulletin, it is clear that prescribing is an extremely complex process. A systematic approach to prescribing using the seven step model may help nurses ensure their prescribing is appropriate, evidence-based and cost-effective.

Where to go for help with prescribing

- The BNF or the NPF.
- Local GPs.
- Local prescribing advisers or community pharmacists.
- UK drug information (DI) services - a specialist query answering service. To find out where your nearest DI centre is, contact your Regional Drug Information centre as listed in the BNF.
- Local guidelines and policies.
- Independent evaluated information such as: *Drug and Therapeutics Bulletin*, *Effective Health Care, The Cochrane Library, Clinical Evidence*, *MeReC Bulletins and Briefings*.

Further Reading

Clinical effectiveness and critical appraisal:

Achieving Effective Practice. A clinical effectiveness and research information pack for Nurses, Midwives and Health Visitors. NHS Executive, London, 1998 (available free from the NHS Response line: 0541 555455).

National Prescribing Centre. An introduction to assessing the medical literature. MeReC Briefing 1995; **9**: 1-8

National Prescribing Centre. Sources of evaluated information on clinical effectiveness (part 1). MeReC Briefing 1997; **11**: 1-12

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General prescribing:

Luker K, Wolfson D. Medicines Management for clinical nurses. Blackwell Science, Oxford, 1999. ISBN: 0-632-04247-8

Medicines and the NHS. A guide for directors. Consumers' Association, London, 1997. Available from: Tel. 0645 830082.

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